

Foster Family Home - Corrective Action Report

Provider ID: 5-190064

Home Name: Shla C. Perpose, CNA

3593 Uwai Street

Hanapepe

HI 96716

Review ID: 5-190064-1

Reviewer: Lori O'Keefe

Begin Date: 8/24/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - New home inspection performed today 08/24/19. The home is in full compliance with the requirements and is eligible for a 2 bed/client certification. A corrective action report was issued and there are no corrections required.

Lori O'Keefe RN

Compliance Manager

SHLA C. PERPOSE

Primary Care Giver

8/24/19

Date

8/24/19

Date